



Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>22</u>	<u>3268</u>	\$ <u>44,902</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____

TOTALS: <u>22</u>	<u>3268</u>	\$ <u>44,902</u>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ <u>          </u>
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers).

Hours 238 x Rate 14.00 = \$ 33,322

- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ =

\$ \_\_\_\_\_

- c. Other program costs (volunteer Training materials/supplies, recognition costs, etc.)

Item
Publications 22.50

Cost
66.00

TOTAL OF OTHER PROGRAM COSTS

= \$ 111.00

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 49,492

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 49,492

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

ADD a + b \$ 49,492

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 4,102)

TOTAL PROGRAM BENEFIT

\$ 45,390

## 6. RECRUITING:

Please describe your recruiting programs: ADVERTISING ON COUNTY WEB PAGE. FLYERS POSTED AT NO. COUNTY COURT. (SEE ATTACHMENT)

## 7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

PARTICIPATION AS DOCENTS IN THE POSITIVE IMPACT PROGRAM (SEE ATTACHMENT)

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals.

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9. GENERAL INFORMATION:

Name of Person Completing Report: John A. De

Phone Number 714-447-1111 Mail Stop 1111 E-Mail phillip@phillip.com

Volunteer Coordinator: DICK WOOD

Phone Number: (202) 940-4923 Mail Stop \_\_\_\_\_ E-Mail \_\_\_\_\_

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE \_\_\_\_\_